and correct.

STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

SIATE DEFARIT	RENI OF HEALTH SFUND RECORDS CTR
PRODUCER OF WASTE (Must be filled by producer)	HAULER OF WASTE (Must be filled by hauler) 999000439
Name (print or type): 15 5 5 5	Name (print or type): All AMERICAN OIL COMPANY
Pick up Address: 133 /// // // / Code No.	Business Address: 8655 So. Main Street, Los Angeles 9000 9 de No.
(Number) (Street) (City) Telephone Number: P.O. or Contract No.:	Telephone Number: 213) 759-6145 Fick Up: (Date) 110
Order Placed By: Date: 6 2	State Liquid Waste Hauler's Registration No. (if applicable): 118
•	Job No.: No. of Loads or Trips: Unit No.:
Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drillingCode No. wastewater treatment, pickling bath, petroleum refining)	NO. Of LORD OF PETERS
wastewater treatment, pickling bath, petroleum refining)	Vehicle: Evacum truck // barrels, flatbed, other (specify)
DESCRIPTION OF WASTE (Must be filled by producer)	facility named below and was accepted.
Check type of wastes: 1.	of perjury that the foregoing is true and correct. DISPOSER OF WASTE (Must be filled by disposer)
4. Parities 10. Drilling mud 4. Parit sludge 11. Conteminated soil and sand 5. Solvent 12. Cannery waste	Name (print or type):
6. Tetraethyl lead sludge 13. Latex waste 7. Chemical toilet wastes 14. Whud and water 15. Brine	Site Address:
Other (Specify) Code No.	The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
Components: (Examples: Hydrochloric acid, lime, caustic soda, Concentration:	Quantity measured at site (if applicable): State fee (if any):
phenolics, solvents (list), metals (list), Upper Lower % ppm	Handling Method(s):
organics (list), cyanide)	
	treatment (specify):
·	Examples: incineration, neutral station, precipitation)-Code No. disposel (specify): pond spreading landfill injection well other (specify):
·	i / Loge No.
<u>.</u>	If waste is held for disposal elsewhere specify final location: Disposal Date:
	I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Hasardoue Properties of Waste: pH	Signature of authorized agent and title
Bulk Volume: / S gal	The site operator shall submit a legible copy of each completed Record to the
(42 gal)(specify)	State Department of Health with monthly fee reports.
Containers: (Number) drums cartons bags other fractions cartons bags other fractions cartons bags other fractions cartons car	
Special Handling Instructions (if any): (specify)	•
5.1	
	Nowsell States of the North Advisor of the North Ad
The waste is described to the best of my ability and it was delivered to	
a licensed liquid waste hauler (if applicable).	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
I certify (or declare) under penalty of perjury that the foregoing is true	HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Signature of authorized agent and title

D.O.T. Proper Shipping Name